		PART B	B - FEE(S) TRAN	NSMITT <i>A</i>	41-00	6-07	j
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CURRENT CORRESPONDE		Fee(s) Trans papers. Each	mittal. This certi additional pape	ficate cannot be used f	or domestic mailings of the for any other accompanying the formal drawing, mu		
HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828 BLOOMFIELD HILLS, MI 48303				I hereby cert States Postal addressed to transmitted t	Certificat tify that this Fee Service with su the Main Stops o the USP 10 (5	e of Mailing or Trans (s) Transmittal is being fficient postage for fire (SAND TAE address (17)273-2885, on the d	mission g deposited with the Unite st class mail in an envelop above, or being facsimi late indicated below.
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
10/806,030	03/22/2004		Koji Higuchi		-/-	9319A-000737	9990
TITLE OF INVENTION:	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D		PAID ISSUE FEE	TOTAL FEE(S) DUE	
nonprovisional	NO	\$14001440	\$300	<u> </u>	\$0	\$1700	11/20/2007
EXAM	NER	ART UNIT	CLASS-SUBCLASS			1740	
GARCIA J	R. RENE	2853	347-019000				
I. Change of corresponde CFR 1.363). Change of corresponde Address form PTO/SB "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Harness, Dickey & Pierce, P.L.C.						
(A) NAME OF ASSIC	ess an assignee is ident in 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NO	data will appear on to T a substitute for filing (B) RESIDENCE: (C	he patent. If g an assignm			locument has been filed f
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Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individ	ual Corporat	ion or other private gro	oup entity Governme
4a. The following fee(s) a	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3213 (enclose an extra copy of this form).						
5. Change in Entity Stat	us (from status indicate	d above)					
a. Applicant claims	SMALL ENTITY state	us. See 37 CFR 1.27.				TITY status. See 37 C	
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Authorized Signature	91. The	m Cliv	La_	Dat	e <u>Novem</u> b	er 5 , 2007	

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